Case 19-17201-CMG Doc 54 Filed 03/21/22 Entered 03/21/22 13:35:41 Desc Main AMENDED Document Page 1 of 8

| Fill in this information to identify your case: | | | | |
|---|-------------------------|--------------------------|-----------|--|
| Debtor 1 | Joseph E. Sno | odgrass | | |
| - | First Name | Middle Name | Last Name | |
| Debtor 2 | Debra L. Snod | grass | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| | Bankruptcy Court for th | e: District of New Jerse | y | |
| Case number | (If known) | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | Your assets Value of what you own |
|--|--------------------------------------|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ <u>110,000.00</u> |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ <u>7,436.50</u> |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ <u>117,436.50</u> |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$97,727.11 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$0.00 |
| Your total liabilities | \$97,727.11 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ <u>4,552.22</u> |
| 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | 0.000.40 |

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Joseph Snodgrass & Debra Snodgrass

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Debtor 1

t Name Middle Name

Case number (if known)

19-17201

| Pá | Art 4: Answer These Questions for Administrative and Statistical Records | 5 | | | | |
|----|--|------------------------|--|--|--|--|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes | | | | | |
| 7. | What kind of debt do you have? ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo ✓ Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. | oses. 28 U.S.C. § 159. | | | | |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly inform 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | s | | | | |
| 9. | Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> : | Total claim | | | | |
| | From Part 4 on Schedule E/F, copy the following: | | | | | |
| | 9a. Domestic support obligations (Copy line 6a.) | \$ | | | | |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | | | | |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | | | | |
| | 9d. Student loans. (Copy line 6f.) | \$ | | | | |
| | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | | | | |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ | | | | |
| | 9g. Total. Add lines 9a through 9f. | \$0.00 | | | | |

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| Fill in this information to identify your case: | | | | |
|---|---------------------------|------------------------|-----------|--|
| Debtor 1 | Joseph E. Snod | grass | | |
| Debtor 2 | Debra L. Snodgi | Middle Name | Last Name | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | District of New Jersey | | |
| Case number | 19-17201 | | , | |
| (If known) | | | _ | |

| Check | if | this | is: |
|----------|-----|------|-----|
| <u> </u> | ••• | | 10. |

An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

| Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
|--|-------------------------|------------------------|-------------------------------|
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | Employed Not employed | Employed Not employed |
| Include part-time, seasonal, or self-employed work. | Occupation | Welder | Clerk |
| Occupation may include student or homemaker, if it applies. | Occupation | Stylex Seating | Murphy's of South Jersey |
| | Employer's name | | |
| | Employer's address | 740 Coopertown Road | 381 Medford Lakes Road |
| | | Number Street | Number Street |
| | | Delanco, NJ 08075 | Vincentown, NJ 08088 |
| | | City State ZIP Code | City State ZIP Code |
| | How long employed there | ?_1 year | 8 years |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$_3,066.76

For Debtor 1

non-filing spouse \$ 2,266.10

For Debtor 2 or

 ${\it 3. } \ \, \textbf{Estimate and list monthly overtime pay.}$

3. + \$ 0.00

- s 0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$_3,066.76

\$___2,266.10

| | | For | Debtor 1 | | | ebtor 2 or ling spouse | | | |
|---|---------------|----------|----------------|-------|---------|---------------------------|----------|-----------|-------|
| Copy line 4 here | → 4. | \$ | 3,066.76 | | \$ | 2,266.10 | | | |
| 5. List all payroll deductions: | | | | | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 646.51 | | \$ | 260.79 | | | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | | \$ | 0.00 | | | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | | \$ | 0.00 | | | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ | 0.00 | | \$ | 0.00 | | | |
| 5e. Insurance | 5e. | \$ | 0.00 | | \$ | 0.00 | | | |
| 5f. Domestic support obligations | 5f. | \$ | 0.00 | | \$ | 0.00 | | | |
| 5g. Union dues | 5g. | \$ | 0.00 | | \$ | 0.00 | | | |
| 5h. Other deductions. Specify: | 5h. | +\$ | 0.00 | + | - \$ | 0.00 | | | |
| | | \$ | | | \$ | | | | |
| | | \$ | | | \$ | | | | |
| | | \$ | | | \$ | | | | |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g$ | + 5h. 6. | \$ | 646.51 | | \$ | 260.79 | | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,420.25 | | \$ | 2,005.31 | | | |
| 8. List all other income regularly received: | | | | | | | | | |
| 8a. Net income from rental property and from operating a business profession, or farm | , | | | | | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | | \$ | 0.00 | | | |
| 8b. Interest and dividends | 8b. | \$ | 0.00 | | \$ | 0.00 | | | |
| 8c. Family support payments that you, a non-filing spouse, or a depregularly receive | pendent | | | | | | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | ce 8c. | \$ | 0.00 | | \$ | 0.00 | | | |
| 8d. Unemployment compensation | 8d. | \$ | 0.00 | | \$ | 0.00 | | | |
| 8e. Social Security | 8e. | \$ | 0.00 | | \$ | 0.00 | | | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash as that you receive, such as food stamps (benefits under the Suppleme Nutrition Assistance Program) or housing subsidies. Specify: | | \$ | 0.00 | | \$ | 0.00 | | | |
| 8g. Pension or retirement income | 8g. | \$ | 0.00 | | œ | 0.00 | | | |
| | | Ψ | 63.33 | | Ψ | 63.33 | | | |
| 8h. Other monthly income. Specify: tax refund, tax refund | | + \$ | | ī | + \$ | | 7 | | |
| 9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | 63.33 | ┆┊ | \$ | 63.33 | <u> </u> | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | 2,483.58 | + | \$ | 2,068.64 | = \$ | 4,55 | 52.22 |
| 11. State all other regular contributions to the expenses that you list in a Include contributions from an unmarried partner, members of your housel friends or relatives. | | | ents, your roo | omma | tes, a | nd other | | | |
| Do not include any amounts already included in lines 2-10 or amounts the Specify: | at are not av | /ailable | to pay expe | nses | listed | | .+ \$ | : | 0.00 |
| • | 1 The record | tio the | combined | onth! | , inco- | | Ψ | | |
| 12. Add the amount in the last column of line 10 to the amount in line 17 Write that amount on the Summary of Your Assets and Liabilities and Celebrater 19 Column 19 Celebrater 19 C | | | | - | | ne. 12 | C | ombine | |
| 13. Do you expect an increase or decrease within the year after you file No. ☐ Yes. Explain: | this form? | • | | | | | m | nonthly i | ncome |

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| Fi | III in this information to identify | your case: | | | |
|--------------------|---|--|--|--|---|
| De | ebtor 1 Joseph E. Snodgrass | Middle Norma | Check if thi | is is: | |
| De (Sp Ur Ca (Iff | First Name Debtor 2 pouse, if filing) First Name Debra L. Snodgrass First Name Inited States Bankruptcy Court for the: Description 19-17201 First Name Debra L. Snodgrass First Name Debra L. Snodgrass First Name Debra L. Snodgrass First Name Debra L. Snodgrass First Name Debra L. Snodgrass First Name Debra L. Snodgrass First Name Debra L. Snodgrass First Name Debra L. Snodgrass First Name Debra L. Snodgrass First Name Debra L. Snodgrass First Name Debra L. Snodgrass First Name Debra L. Snodgrass First Name Debra L. Snodgrass First Name Debra L. Snodgrass First Name Debra L. Snodgrass 19-17201 First Name Debra L. Snodgrass 19-17201 | ur Expenses essible. If two married people are filitied, attach another sheet to this form | expense MM / DD | ended filing ement showing post es as of the following of yyyy | date: 12/15 ing correct |
| ` | nown). Answer every question. | | | | |
| 1. Is | s this a joint case? | | | | |
| | No. Go to line 2. Yes. Does Debtor 2 live in a s No Yes. Debtor 2 must file | eparate household? e Official Form 106J-2, Expenses for S | Separate Household of Debtor 2. | | |
| 2. D | Oo you have dependents? | ☐ No | Dependent's relationship to | Dependent's | Does dependent live |
| | Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Debtor 1 or Debtor 2 | age | with you? |
| D | Oo not state the dependents' | еасп переппент | daughter | 20 | □ No ✓ Yes |
| n | ames. | | daughter | | No Yes No Yes No Yes No Yes No Yes No Yes |
| е | Oo your expenses include expenses of people other than yourself and your dependents? | V No ☐ Yes | | | |
| Par | t 2: Estimate Your Ongoi | ng Monthly Expenses | | | |
| exp app Incl | penses as of a date after the ban plicable date. Iude expenses paid for with non | bankruptcy filing date unless you a kruptcy is filed. If this is a supplemental content of the c | ental <i>Schedule J</i> , check the box u know the value of | x at the top of the form | n and fill in the |
| | | I it on Schedule I: Your Income (Offi expenses for your residence. Include | , | Your expe | |
| | any rent for the ground or lot. | Aponisos for your residence. Include | st mongage payments and | 4. \$ | 1,247.00 |
| | If not included in line 4: | | | _ | 0.00 |
| | 4a. Real estate taxes | and a de la coman | | 4a. \$ | 0.00 |
| | 4b. Property, homeowner's, or re4c. Home maintenance, repair, a | | | 4b. \$ 4c. \$ | 200.00 |
| | -o. Home maintenance, repail, a | and abreed exhenses | | 4 υ. φ | |

Homeowner's association or condominium dues

0.00

4d.

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Debtor 1 Joseph E. Snodgrass & Debra L. Snodgrass

First Name Middle Name Last Name

Case number (if known) 19-17201

| | | | Your ex | penses |
|-----|--|------|---------|--------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 470.10 |
| | Utilities: | | | |
| 0. | 6a. Electricity, heat, natural gas | 6a. | \$ | 150.00 |
| | 6b. Water, sewer, garbage collection | 6b. | | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. | | 7. | \$ | 600.00 |
| 8. | Childcare and children's education costs | 8. | \$ | |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | |
| 10. | Personal care products and services | 10. | \$ | |
| 11. | Medical and dental expenses | 11. | \$ | 125.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 300.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | , | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 300.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 6. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | \$ | 0.00 |
| 10 | Other payments you make to support others who do not live with you. | | Ψ | |
| 19. | Specify: | 19. | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incon | 1e. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | | 0.00 |

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| Joseph E. Snodgrass Debtor 1 | | | 19-17201 Case number (# known) | | | | | | |
|------------------------------|----------------------------------|-----------------|-----------------------------------|---------------------------|-----------------------------|-----------------------|------|------------|----------|
| | First Name Middle Name Last Name | | | | (w.m. | | | | |
| 1. O | ther. S | Specify: | | | | | 21. | +\$ | 0.00 |
| | | | | | | | | +\$ | |
| | | | | | | | | +\$ | |
| 2. C | alcula | ate your mo | nthly expenses. | | | | | | |
| 22 | 2a. Ad | d lines 4 thro | ugh 21. | | | | 22a. | \$ | 3,932.10 |
| 22 | 2b. Co | ppy line 22 (m | onthly expenses | for Debtor 2), if ar | ny, from Official Form 106 | J-2 22c. Add line 22a | 22b. | \$ | |
| ar | nd 22b | o. The result i | s your monthly e | xpenses. | | | 22c. | \$ | 3,932.10 |
| | | | | | | | | | |
| 3. Ca l 23a | | • | hly net income. | onthly income) from | m Schedule I | | 23a. | \$ | 4,552.22 |
| 23b | | . , | | om line 22c above | | | 23b. | - ¢ | 3,932.10 |
| 22- | | | | | | | | Ψ | |
| 230 | | - | ur monthly net in | from your monthl come. | y income. | | 23c. | \$ | 620.12 |
| | | | | | | | | | |
| 4. Do | you e | expect an in | crease or decre | ase in your expe | nses within the year afte | r you file this form? | | | |
| | | | | | loan within the year or do | • • | | | |
| | | e payment to | increase or decr | ease because of a | a modification to the terms | of your mortgage? | | | |
| V | | | | | | | | | |
| | Yes. | Explain h | iere: | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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| Fill in this information to identify your case: | | | | | |
|---|-----------------|------------------------|-----------|--|--|
| Debtor 1 | Joseph E. Snodo | grass Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | Debra L. Snodgr | | Last Name | | |
| ' ' ' ' ' | | District of New Jersey | Last Name | | |
| Case number | 19-17201 | District of New Jersey | | | |
| (If known) | | | | | |

■ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|--|
| | |
| Did you pay or agree to pay someone who is NOT an a | ttorney to help you fill out bankruptcy forms? |
| ✓ No | |
| Yes. Name of person | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | Signature (Official Form 119). |
| | |
| | |
| | |
| Under penalty of periury. I declare that I have read the | summary and schedules filed with this declaration and |
| that they are true and correct. | · · · · · · · · · · · · · · · · · · · |
| | |
| 40 | • |
| ✗ /s/ Joseph E. Snodgrass | /s/ Debra L. Snodgrass |
| Signature of Debtor 1 | Signature of Debtor 2 |
| 02/00/2022 | 02/00/2022 |
| Date 03/09/2022 MM / DD / YYYY | Date 03/09/2022 MM / DD / YYYY |